

06/18/01
Jc796 U.S. PTO

06/20/01

104x1 A/Reissue

REISSUE PATENT APPLICATION TRANSMITTAL

10/18/06
6548/06
1000 U.S. PTO
06/18/01

Address to: Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	D/89194R
	First Named Inventor	Dan S. Bloomberg
	Original Patent Number	6,076,738
	Original Patent Issue Date (Month/Day/Year)	06/20/2000
	Express Mail Label No.	EE644214726US

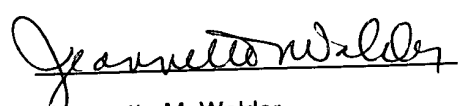
APPLICATION FOR REISSUE OF:
(check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (Total Pages: 15) (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (Total Sheets: 16) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath or Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)	10. <input type="checkbox"/> * Small Entity Statement(s) (PTO/SB/09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Preliminary Amendment
6. Original U. S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
 <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Other: Status and Support for New Claims - 37 CFR 1.173(c)

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. 1.28).

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Attorney Docket Number: D/89194R			
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 28	**** 8 =	x \$	= \$	or	x \$ 18.00 = \$ 144.00	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$	= \$		x \$ 80.00 = \$ 160.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 710.00	
Total Filing Fee					\$		OR \$ 1,014.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$	= \$	or	x \$ = \$
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	*	x \$	= \$		x \$ = \$
Total Additional Fee					\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 24-0025 in the amount of \$1,014.00. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ to cover the filing / additional fee is enclosed.</p>								
Xerox Corporation El Segundo, California Date: 6/18/2001				 Jeannette M. Walder Attorney for Applicant(s) Registration No. 30,698 Telephone: 310.333.3660				